COMMUNITY SERVICE

Date:	_Number of h	ours required	
Diversion Candidate:			
Agency:			
Address:	· .		
Phone #: ()	Fax #: ()	
Agency Representative:			
1. Is your agency a Non-profit agency?	() yes	() no	
2. What will the tentative assignment be?			· · · ·
			
3. Number of hours per week or month exp	pected?		
4. When do you expect the community serv	vice to begin?		
5. Who should we contact to check on prog	ress and attendar	nce?	
6. Questions or comments?		·	,,,
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	e.		
Agency Representative	Date		

COMMUNITY SERVICE

As a community service participant, I understand that the following conditions must be remembered and adhered to:

- 1. I will follow the rules and regulations my assigned agency.
- 2. I will keep to an agreed upon schedule and appear on time as expected.
- 3. I will notify the agency if I am ill or otherwise unable to keep my schedule.
- 4. I will perform a minimum of 2.5 hours each week at my assigned agency.
- 5. I will keep track of my hours on a weekly basis and will provide the Diversion Unit with a letter from my assigned agency upon completion of required hours.
- 6. I will complete all of my hours within the six months allowed by my Agreement with the Adult Diversion Program.
- 7. I will be friendly and cooperative.

I understand that the agency to which I am assigned may terminate me if I fail to comply with any of the above or if my work habits or behavior are undesirable. I further understand that I may not begin my community service hours until I am approved as a participant in the Adult Diversion Program.

	RELEASE OF	INFORMATION	
I also give permission records from my comm	ing myself to my ass n to this agency to r munity service.	igned agency for commelease to the Adult Div	contained in the Adult nunity service purposes. version Unit attendance
I acknowledge that I with each of the abov		erstood all of the abov	e and agree to comply
Diversion Candidate	Date	Witness	Date